



HOUSE OF REPRESENTATIVES

Please fill out House of Representatives
and return to: Attn: Chief Clerk/Employment
P.O. Box 40600
Olympia, WA 98504-0600

Position Applied for:

Social Security number (required)

Full Name (First, Middle initial, Last)

Phone number

Address

(H)

(W)

City

State

Zip code

EMPLOYMENT HISTORY:

Resume Attached ____ Yes ____ No

Present or Last Employer		Employer's Address		Employer's Phone Number ()	
Your Title		Months & Years Employed in this Position From / To /		Total Months Avg Hrs Per Wk Last Salary	
Immediate Supervisor's Name	Reason for Leaving		Volunteer (✓)		Full Time Mos. Equiv. Employment Verified

Specific Duties

Present or Last Employer		Employer's Address		Employer's Phone Number ()	
Your Title		Months & Years Employed in this Position From / To /		Total Months Avg Hrs Per Wk Last Salary	
Immediate Supervisor's Name	Reason for Leaving		Volunteer (✓)		Full Time Mos. Equiv. Employment Verified

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Immediate Supervisor's Name	Reason for Leaving		Volunteer (✓)		Full Time Mos. Equiv. Employment Verified

Specific Duties

SIGNATURE - All answers and statements are true and complete to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or termination of employment.

X

Date:

HOUSE OF REPRESENTATIVES

Full Name (First, Middle initial, Last)

Social Security # (required)

Position Applied for

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EMPLOYMENT HISTORY CONT.

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Your Title		Months & Years Employed in this Position From / To /	Total Months	Avg Hrs Per Wk	Last Salary
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Specific Duties					

EDUCATION

Are you a high school graduate or have you passed a general education developement (GED) test? Yes ____ No ____

If no, HIGHEST GRADE COMPLETED: _____

List post high school training, including college, business school, military training, and other relevant education.

If more space is needed, copy this blank form or attach additional sheets.

School Name and Location	Month and Year Attended	Credits Earned			Major	Type or Degree Awarded	Year Degree Received	Educ. Verified
		Quarter	Semester	Other (Specify)				
1	From / To /							
2	From / To /							
3	From / To /							

Are you related to any member or employee of the House of Representatives? Yes ____ No ____ Relationship _____

Have you been convicted of a gross misdemeanor or felony within the past seven (7) years? Yes ____ No ____ (If yes, give date, place, and explanation _____)

(A conviction record will not necessarily bar employment.)